



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

Dear Applicant:

It has been determined that your request for provider-based status must be reviewed with respect to the April 7, 2000 hospital outpatient PPS final rule (65 Federal Register 18433) which became effective January 10, 2001. A copy of the subject regulations found at 42 CFR 413.65 is attached for your reference.

As an interim measure, the Chicago Regional Office (RO) of the Centers for Medicare and Medicaid Services (CMS) is using the attached Request Form to solicit the information necessary to make provider-based determinations. Eventually this Request Form will be replaced by a standard provider-based questionnaire currently under development by CMS. Following submission of the requested information to the State Agency, your response will be sent to the Chicago Regional Office for review. If additional information is needed, you will be contacted directly by the RO. The final determination will be communicated to you in writing.

If you have any questions concerning the Request Form or the provider-based regulations, please contact CMS Division of Financial Management at 312-353-9316.

Sincerely,

A handwritten signature in black ink, reading "Rick Brummette".

Rick Brummette, Specialized Services Section, Manager  
Health Facilities Division  
Bureau of Health Care Services

Enclosures: Requested Elements for Provider-Based Designation  
42 CFR 413.65

## **Requested Elements for Provider-Based Designation Requests**

The purpose of this document is to provide the Health Care Financing Administration (HCFA) with sufficient information to determine whether or not the applicant meets the criteria for provider based designation. This is not a questionnaire. It is an outline of the information HCFA will need to make a decision.

Main Provider's Name and Provider Number:

Main Provider's Physical Address (including county):

Provider-based Entity's Name (and current Provider Number, if applicable):

Entity's Physical Address (including county):

Fiscal Intermediary of the Main Provider:

Fiscal Year End Date:

### **A. LICENSURE AND CERTIFICATION**

1. Please describe how the provider-based entity (entity) is licensed, if applicable.

Please stipulate how the license reads:

If the license is a separate license from the main provider, please explain.

2. Describe the geographic area(s) where the main provider is licensed to serve (If applicable).

3. Describe the geographic area the entity is licensed to serve (If applicable).

4. If the main provider is not accredited by JCAHO, please explain.

Provide proof that the accreditation extends to the entity. If not, please explain.

### **B. OWNERSHIP AND CONTROL**

1. Provide the entity's current license

2. Provide name of the current owner of the entity (corporate name and principal owner).
3. Provide the date of ownership change, if applicable.
4. Provide the entity's advertised name.
5. Attach a list of provider staff, by name and title, who are responsible for the day-to-day operation of the entity.
6. Provide the name of the main provider's owner (corporate name or principal owner).
7. Attach the bylaws that govern the main provider and the entity. If these are different, please explain.
8. Provide the name(s) and title(s) of individuals who have final responsibility for making administrative decisions, as well as final approval for personnel actions and medical staff appointments at the main provider and at the entity. If these are different, please provide an explanation.

**C. ADMINISTRATIVE AND SUPERVISION**

1. Provide the name of the main provider's department that the entity functions under.

List the significant common resources used (records, billing, laundry, housekeeping, purchasing, buildings, equipment, and service personnel) by both the main provider: and the entity on a daily basis.

If these are by arrangement, please attach a copy of each contract.

2. Provide the entity director's reporting structure. Include the following:  
Title:  
Frequency of Reports:  
Location or Mode of Communications:  
Attach any written description of the entity director's reporting requirements and accountability procedures for the day-to-day operations.

3. Attach a list of the key administrative staff at the main provider.
4. Attach a list of the key administrative staff at the entity.

**D. CLINICAL SERVICES**

1. Provide the name and title of the entity's Medical Director.
2. Provide the name and title of the individual to whom the Medical Director reports.
3. Provide the names of medical staff and professional committees at the main provider who exert responsibility over all medical activities at the entity.
4. Describe how the entity's activities are included in the main provider's quality assurance (QA) activities (peer review committee, CQI, etc.).
5. Explain how the entity's patients who require immediate medical attention beyond the capacity of personnel or equipment at the entity are handled.
6. Describe whether patients treated at the entity have full access to all main provider services and if not, explain why not.
7. Main provider or entity name where the medical records for the entity is maintained.
8. Explain how are the entity's medical records are integrated into the main provider's records system.
9. Describe the method of assigning the medical record number.

If the same number is not assigned to a patient for both the main provider and the entity, please explain.

## **E. FINANCIAL ARRANGEMENTS AND BILLING PRACTICES**

1. Explain how the main provider and the entity share income and expenses.

Attach copies of any agreements or contracts between the provider and entity on the sharing of income and expenses.

2. Describe the payment structure of the physicians on the entity staff.
3. Describe the integration of the entity's accounting system with that of the main provider.
4. Describe how the costs incurred by the entity are captured for the main provider's cost report.
5. Describe how the financial status of the entity is incorporated and readily identifiable in the main provider's trial balance.

## **F. PUBLIC AWARENESS**

1. Provide the entity's advertised name.
2. Describe how the public is made aware when they enter the entity that they are entering the main provider and, as such, will be billed accordingly.

Provide samples of advertisement materials that will support the main provider's contention that the entity is Provider-based.

## **G. LOCATION**

1. State the miles separating the main provider from the entity.  
Furnish the average driving time between the main provider and the entity.

Attach a map or diagram encompassing both facilities.

If the entity is more than 35 miles from the main provider, submit records that support one of the following:

- At least 75% of the patients served by the entity reside in the same zip code areas as at least 75% of the patients served by the main provider; or
- At least 75% of the patients served by the entity who required the type of care furnished by the main provider received that care from the main provider; or
- Submit records indicating that the facility or organization is located in a zip code area included among those that, during the preceding 12-month period, accounted for at least 75% of the patients served by the main provider.
- Submit the records indicating the total patients for the hospital by zip code to establish the hospital's service area, and the total patients for the entity by zip code to establish whether enough patients reside within the hospital's service area.

***(NOTE: If the entity is a rural health clinic and is claiming to be provider-based to a hospital with fewer than 50 beds, the entity is not subject to the Location criteria stated above).***

## **H. JOINT VENTURES**

If the entity is owned by two or more main providers engaged in a joint venture (e.g., jointly purchased or jointly created), fully describe that arrangement.

## **I. MANAGEMENT CONTRACTS (If applicable)**

1. Name the entity that operates under a management contract.
2. Submit a copy of its management contract as well as indicate that it meets the following criteria: (No criteria included at this time)
3. Provide information on who employs the staff at the entity.

4. Describe the integration of the administrative functions with those of the main provider as required in subsection C above
5. Describe the significant control of the main provider of the operations of the entity as required in Subsection C above.
6. Provide the name of the possessor of the management contract of the main provider (not a parent organization).

## **J. OBLIGATIONS OF HOSPITAL-BASED ENTITIES AND DEPARTMENTS**

1. If the entity is a hospital outpatient department, located either on or off the hospital campus, provide evidence of compliance with the anti-dumping rules as set forth in 42 CFR 489.20(1), (m), (q), as well as 489.24
2. If the entity is a hospital-based outpatient department or a provider-based entity (including an RHC) located on the main campus, describe how any patient seeking emergency care is ensured of treatment by the hospital in accordance with the anti-dumping rules in 42 CFR 489.24
3. Describe the physician's use of the site-of-service indicator when physician services are furnished in the hospital outpatient department or hospital-based facility or organization (other than an RHC).
4. Describe compliance with the non-discrimination provisions set forth in 42 CFR 489.10(b) for those physicians who provide services in the hospital outpatient department or provider-based facility or organization.
5. If the entity is a hospital outpatient department, describe the entity's compliance with all of the terms of the hospital's provider agreement.

6. In the case of a patient admitted to the hospital as an inpatient after receiving treatment in the hospital outpatient department or hospital-based entity, describe how the appropriate payment window provisions (412.2 (5) and 413.40(2)) applied to PPS hospitals and to PS excluded hospitals and units.
7. Describe how a hospital provides a Medicare beneficiary written notification prior to the delivery of services to a Medicare beneficiary who is treated in a hospital outpatient department or hospital-based entity.
8. Describe how the hospital outpatient department meets applicable hospital health and safety rules for Medicare participating hospitals in Part 482 of the Code of Federal Regulations.

**Please complete your description of the information submitted by adding the following certification:**

***I certify that the information provided above and in- the attachments are accurate, complete, and current as of this date***

Signed: \_\_\_\_\_

Print Name:

Title:

Date:

***NOTE: Original ink signature must be submitted***



## **SUPPLEMENTAL DATA ELEMENT FOR ALL PROVIDER-BASED DESIGNATION REQUEST**

Please ensure that the following information is included with the Provider-based application:

1. The date the entity will be operational. Submit a copy of the hospital's state license that includes the address of the entity.
2. List the specific medical services the entity will provide.
3. Submit a list of all personnel working at the entity (including Medical Director). Indicate in this list the person's job title and name of their employer.
4. Submit a copy of any arrangement/contracts relating to the entity. If none, please state so.
5. Submit an organization chart that indicates the relationship of the entity with the corresponding departments of the provider.
6. Submit a job description of the person working at the entity who is responsible for the daily activities at the entity.
7. Explain how from the premise of the hospital (main provider), one can determine whether a person admitted into your provider has received medical services from this entity previously.

If the person had received services at the entity previously, how can the person's medical record be located and retrieved for the person's physician?

How long would it take to retrieve the records?

8. Submit a name and telephone number of a contact person in regard to the information provided here.